



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 044000001

CITY OR TOWN GEORGETOWN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GEORGETOWN POST #7608 VFW OF U.S. INC.

DOING BUSINESS AS

ADDRESS 435 ANDOVER STREET

CITY/TOWN: GEORGETOWN

STATE: MA

ZIP CODE: 01833

MANAGER: HARPER, FRANK TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

UPSTAIRS HALL, BAR, KITCHEN AND LAVATORIES. DOWNSTAIR STOCKROOM,  
COMMANDER'S ROOM, TV ROOM, BAR AND PLAYROOM

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 044000004

CITY OR TOWN GEORGETOWN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: 19 WEST MAIN STREET INC

DOING BUSINESS AS RORY O' CONNOR'S IRISH PUB

ADDRESS 017-19 WEST MAIN ST.

CITY/TOWN: GEORGETOWN

STATE: MA

ZIP CODE: 01833

MANAGER: GIBLIN, VINCENT TYPE OF LICENSE: Restaurant  
A.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

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APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 044000007

CITY OR TOWN GEORGETOWN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: C J LIQUORS, INC

DOING BUSINESS AS THE LIQUOR BARN

ADDRESS 69 E MAIN ST

CITY/TOWN: GEORGETOWN

STATE: MA

ZIP CODE: 01833

MANAGER: COPPOLA, JOHN F TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 044000008

CITY OR TOWN GEORGETOWN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GEORGETOWN LIQUORS, INC.

DOING BUSINESS AS

ADDRESS 103 EAST MAIN ST

CITY/TOWN: GEORGETOWN

STATE: MA

ZIP CODE: 01833

MANAGER: DELORENZO,  
JOHN B

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO ROOMS; ONE FOR SALES ROOM, ONE FOR STOCK ROOM. 2 ENTRANCES AND THREE EXITS

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 044000011

CITY OR TOWN GEORGETOWN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CROSBY'S MARKETS, INC.

DOING BUSINESS AS CROSBY'S MARKETPLACE

ADDRESS 62 CENTRAL ST

CITY/TOWN: GEORGETOWN

STATE: MA

ZIP CODE: 01833

MANAGER: CROSBY, DAVID A.

TYPE OF LICENSE: Package Store

CATEGORY: Wine and Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 044000014

CITY OR TOWN GEORGETOWN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MIMOZA PAPA

DOING BUSINESS A PIZZA FACTORY

ADDRESS 21 WEST MAIN STREET

CITY/TOWN: GEORGETOWN

STATE: MA

ZIP CODE: 01833

MANAGER: PAPA, MIMOZA

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FAMILY RESTAURANT, 2 EXITS 2 ENTRANCES

I hereby certify and swear under penalties of perjury that:

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 044000015

CITY OR TOWN GEORGETOWN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RYBO'S BISTRO II, INC

DOING BUSINESS AS KEON'S FACTORY AT THE BLACK SWANN

ADDRESS 258 ANDOVER ST

CITY/TOWN: GEORGETOWN

STATE: MA

ZIP CODE: 01833

MANAGER: BOISVERT, ALAN TYPE OF LICENSE: Restaurant  
J

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

3 STORY BLDG, CONSISTING OF RESTAURANT, BAR, PATIO; 2ND FLOOR CONSISTING OF  
FUNCTION ROOMS, 2 DECKS AS WELL AS THE GOLF COURSE

I hereby certify and swear under penalties of perjury that:

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EMPLOYER IDENTIFICATION NUMBER:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 044000016

CITY OR TOWN GEORGETOWN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: COACH'S LOCKER ROOM, LLC

DOING BUSINESS AS COACH'S ROCK POND PUB

ADDRESS 203 WEST MAIN ST

CITY/TOWN: GEORGETOWN

STATE: MA

ZIP CODE: 01833

MANAGER: MAC KENZIE,  
CAMERON

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

THRE STORY WOOD BLDG, 3 ROOMS AND KITCHEN ON GROUND FLOOR ; FUNCTION ROOM IN BASEMENT AND STORAGE ROOM, 3 FRONT ENTRANCES, 3 REAR ENTRANCES, 2 SIDE ENTRANCES

I hereby certify and swear under penalties of perjury that:

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DATE:

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